DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G024	A. BUILDING _____ B. WING _____	R 05/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CMS	703 RANDOLPH STREET NW WASHINGTON, DC 20011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS A follow-up survey was initiated on May 3, 2007, beginning at 7:15 AM, to determine the facility's compliance with previously-cited condition-level deficiencies. The findings of this survey were based on observations, interviews with clients, direct support and nursing staff, and administrative staff as well as review of records. Information collected revealed adequate progress had been made. However, there was sufficient evidence to verify that the facility was in compliance with the Conditions of Participation in Governing Body and Client Protections.	{W 000}		
{W 263}	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview with the Qualified Mental Retardation Professional (QMRP) and review of the Plan of Correction (PoC), the facility failed to obtain written informed consent for the use of behavioral control medications for two of four clients in the sample. (Clients #2 and #3) The findings includes: 1. Review of Client #2's current physician order revealed that the client received Mellaril, Cogentin, and Revia to address her maladaptive behaviors. Interview with the QMRP and review of the clinical records indicated that the QMRP	{W 263}		

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DEPARTMENT OF HEALTH
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Constance C. Reese — TITLE: Program Director — (X6) DATE: 5-24-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 263}	Continued From page 1 sent a written correspondence to the clients mother who resides in the state of Florida. However, there was no evidence of written informed consent for the Behavioral Support Plan (BSP) which included prescribed psychotropic medications. 2. Review of Client #3's current physician order revealed that the client received Neurontin, Loxitane and Revia. Interview with the QMRP and review of the clinical records revealed that Client #3's legal signed the Human Rights Committee (HRC) sign-in sheets. However the legal guardian did not sign a consult form for the use the restrictive measures to include the BSP which included the psychotropic medications. The facility's policy on use of restrictive measures was reviewed on May 3, 2007. The policy indicated that prior to the use of restrictive measures that written informed consent would be provided by the competent individual and otherwise by a guardian.	{W 263}	Client #2's mother gave written informed consent for the use of her BSP and Psychotropic medications. Client #3's guardian gave written informed consent for the use of her BSP and psychotropic medications.	5/14/07 5/15/07

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Health Regulation Administration

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{I 500}	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: The finding includes: See Federal Deficiency Report - Citation W263	{I 500}	Cross reference W263 #1 and #2.	5/15/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Constance A. Reese TITLE Program Director (X6) DATE 5/24/07

STATE FORM 6899 QDH812 If continuation sheet 1 of 1